



COMMISSION ON GOVERNMENTAL ÉTHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a pre	eviously filed statement for the calendar year 2	2007.						
	LEGISLATOR INFORMATION							
Name		Member of:						
CAROL A. GROSE		₩ House ☐ Senate						
Mailing address	,	District						
37 RIVER ROAD		65						
City, zip code	Phone(H)443-2843							
WooLwich, ME C	(c) 319-5290							
PART 1 INCOM	E DERIVED FROM EMPLOYMENT BY ANO	THED						
entropy of American Control of the C								
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.								
Name of Employer	Address	Principal Type of Economic Activity of Employer						
Tedford Housing	PO Box 958-Brunswick	Working with the homeless						
7 - ETIMON MOUNT								
하는 네 경영한 등 경영성원이 가는 것도 말했다. 그는 것 같고 싶다. 그 지수는 다음이 있는 것은 1960년에서 가까 그는 것이다. 다음이다.	OME DERIVED FROM SELF-EMPLOYMEN r Legislators who are self-employed.)	T						
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.								
an November Assertation (August and Assert and Assertation and Assertation and Assertation and Assertation Assertation (Assertation Assertation Asse		Major Areas of Economic						
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activity (partnership, association or similar business entity)						
Name:	e e e e e e e e e e e e e e e e e e e	the state of the s						
Address:		·						
THE PERCENTIAL MANAGEMENT AND A CONTROL OF THE CONT	" A States consistent of a space constitution of the state of the stat	man and the state of the state						
Name:								
Address:								

PART 2 (continued). INCOME DERIV (For Legislators who are		YMENT
B. List each source of income derived from self-employment that repre is greater, and specify the principal type of economic activity of the enti disclosure is prohibited by law, rule, or an established code of profession the entity or person from whom the income was derived.	ity or person from whom you	derived such income. If this form of principal type of economic activity of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:		
Name:		
Address:		
PART 3. MAJOR AREA (For Legislators who are at		
List your major areas of practice. If associated with a law firm, list the n	najor areas of practice of you Major Areas of Pra	a, in agricultura experimentation in which the process of the contract of the
Name and Address of Firm	(self)	(firm)
Name: Address:		
Name:		
Address:		
PART 4. OTHER SOUR	CES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or	3 of this form. Do not includ	e gifts. If none, check the box.
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Carol + Kaul Grose		Rental
Address: 37 River Rd. Woolwich, M	E 04579	
Name:		
Address:	\$ 1 8 4 4 5	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list loans from a relative to the control of th	that you received during the	
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:	A	
Name:		
Address:		
PART 6. REPORT List the specific source of each gift of more than \$300. Include gifts with	And the second of the second o	e than \$300 from a single source. If
none, check the box None	- Company of the Control of the Cont	State (Manufacture Control State - 1975) on the American Manufacture (April 1988), 2 and 2 and 2 and 3
Name of Source of Gift	Name of	Source of Gift
1.		
2. 4.		¥

PART 7. REPORTABLE	27		The first that the transfer at the second of the first and the second of
List the source of any honoraria accepted for appearances or speeches rela	ated to	your of	icial duties. If none, check the box.
None			
Name of Source of Honoraria	ologica de dispris	- N	ame of Source of Honoraria
1. 3.			
2. 4.		Committee V Delivered and a second or year.	755 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PART 8. REPRESENTATION BEFO	RE ST	ATE	GENCIES
List each executive branch agency before which you represented or assis the box.	ted oth	ers for	compensation of any amount. If none, check
		Constitution of the Consti	770', 1.
<mark>Ж</mark> None Name of Agency		**************************************	
	y a Tydd maeth 1		Name of Agency
1. 3.	(Wholis III I		
2. 4.			
PART 9. BUSINESS WITH ST	ATE /	\GEŇ(DIES
List each executive branch agency to which you or a member of your imme			
\$1,000 during the reporting period. If none, check the box.		····	
None	tt ettimise		And the state of t
Name of Agency	C. Second		Name of Agency
1.			
2. 4.			Double des Antonio (1998) 400 (1994) des Antonio des Antonio (1995) 400 (1995
PART 10. INCOME RECEIVED BY MEMBI	-RS O	FIMM	FDIATE FAMILY
List the type of economic activity representing each source of income of \$ (ren) during the reporting period and the kind of income represented. Do no "D" for income received by dependents.	1.000 c	or more	received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Received		rcle priate	
- The state of the		priate Iter	Kind of Income
1.	s	D	
2.	s	D	
3.	S	D	annessen op mel de frieglijsterende annes Siller for for telesanned die liebe eighe bewerde and mer verschiede and reserve
4.	S	D	AND MAKE MAKE AND
		E STANCE	
SIGNATURE	<u> </u>	A PAGE	
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)	a fine	of \$10) per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If the Cor willfully filed a false statement, it shall refer its findings of fact to the Attorn	nmissi nev Ge	on con	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to file a the Legislator shall be presumed to have a conflict of interest on eve question in committee or in either branch of the Legislature, and shall (1 M.R.S.A. 8.1019)	require	ed state	ind shall be precluded from voting on any

Date

(1 M.R.S.A. § 1019)

Signature

NAME:		17 27 18 A A A A A A A A A A A A A A A A A A		DATE:		and the second s	-
ADDRESS:							
	327 173	44 T T T T T T T T T T T T T T T T T T	ADDITIONAL INF	ORMATION		F 1	
Please provide information you	any additional are providing.	information belov	w (and on additional s	sheets if needed).	Indicate the part	or section	number for the
Part/Section Number	A CONTRACTOR OF THE CONTRACTOR	en etteranistasjanistasjanistasjanistasjanistasjanistasjanistasjanistasjanistasjanistasjanistasjanistasjanista	tra and a same and a s		Agricultural and the agricultural section of the party sections of the party section of the p		and the second s
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